



- MUST USE MOST **CURRENT** FORM
- **PRINT** CLEARLY IN BLACK INK
- MAKE SURE ENTIRE CIRCLE IS **FILLED**

EXAMPLE:

Yes ☒ No ☐

ORIGINAL OWNER / MANAGER APPLICATION

APPLICATION INFORMATION

I understand only one type of owner/manager can be applied with this form and if I select more than one on this form, my application will NOT be processed and will be returned to me.

Yes ☐No ☐

↑ THE ABOVE SPACE IS RESERVED FOR OFFICE USE ONLY ↓

TYPE OF APPLICATION (CHECK ONLY ONE)

Description	Original Fee	+	Subscription Fee	+	Pocket Card Fee	=	Total
<input type="radio"/> Owner, Officer, Partner, Shareholder	\$50	+	\$5	+	\$5	=	\$60
<input type="radio"/> Owner, Officer, Partner, Shareholder / Manager	\$50	+	\$5	+	\$5	=	\$60
<input type="radio"/> Owner, Officer, Partner, Shareholder / Supervisor	\$50	+	\$5	+	\$5	=	\$60
<input type="radio"/> Manager Only	\$30	+	\$3	+	\$5	=	\$38
<input type="radio"/> Supervisor Only **	\$30	+	\$3	+	\$5	=	\$38

** Supervisor applicants must meet the requirements of Texas Occupations Code §1702.119(c).

Note: If replacing a manager for a licensed company in Texas, please refer to www.txdps.state.tx.us/psb/docs/instrforreplacementmgr.pdf

APPLICANT INFORMATION

Company Name		Company License No.	
Applicant Social Security Number			
<input type="radio"/> State Issued DL	<input type="radio"/> USA Passport	DL/ID Issuing State	DL/ID, Passport Or Military ID Number
<input type="radio"/> State Issued ID	<input type="radio"/> Military ID		
Applicant Last Name		First Name	M.I. Suffix (If Any)
Home Address		County	
City	State (2- Letter Code)	ZIP	Home Phone
Date of Birth (MM/DD/YYYY)	Place of Birth (COUNTRY)		(STATE)
Email			
Gender Male <input type="radio"/> Female <input type="radio"/>	Eyes <input type="radio"/> 1. Blue <input type="radio"/> 2. Brown <input type="radio"/> 3. Gray <input type="radio"/> 4. Hazel <input type="radio"/> 5. Green <input type="radio"/> 6. Black <input type="radio"/> 7. Marron <input type="radio"/> 8. Pink/Other		
Height Ft. In.	Hair <input type="radio"/> 1. Black <input type="radio"/> 2. Red <input type="radio"/> 3. Gray <input type="radio"/> 4. Brown <input type="radio"/> 5. Blonde <input type="radio"/> 6. Bald <input type="radio"/> 7. White		
Weight Lbs.	Race <input type="radio"/> 1. White <input type="radio"/> 2. Black <input type="radio"/> 3. Spanish <input type="radio"/> 4. American Indian <input type="radio"/> 5. Asian		
List any aliases you have used:			
Describe Your Duties:			

PAYMENT INFORMATION

I am submitting the appropriate fee(s) with this application by mail. Yes ☐ No ☐ *If yes, a PSB-50 form must be submitted with this application.
(Note: Payment must be in the form of a cashier's check, money order or company check.)

I understand all fees submitted to Private Security are non-refundable, are not transferable and that, in accordance with Texas Administrative Code §35.23, I will have 90 days from the date the application is received by DPS to submit all required documentation, supplemental information and/or fees OR this application will be abandoned and I will be required to reapply. Yes ☐ No ☐

Applicant Name	Social Security Number
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SUPPLEMENTAL INFORMATION (REQUIRED WITH THIS APPLICATION)
Regarding submitting Fingerprints: (CHOOSE ONLY ONE) <input type="radio"/> I am submitting payment for the \$25 FBI classification fee. Once payment has cleared, I will submit my prints electronically via the approved vendor. <input type="radio"/> I have made payment for the \$25 FBI classification fee and I have submitted fingerprints electronically. <input type="radio"/> I am a Texas Peace Officer (or Retired Texas Peace Officer) alternatively submitting a PSB-00 (<i>Peace Officer Fingerprint Waiver</i>) with this application.

MANAGER / SUPERVISOR EXPERIENCE ACKNOWLEDGEMENT
I am submitting application as the Qualified Manager or as the Supervisor of the above listed company and meet the experience requirements for the following company categories: (select all that apply)
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> Guard Dog Company</div> <div style="width: 33%;"><input type="radio"/> Courier Company</div> <div style="width: 33%;"><input type="radio"/> Armored Car Company</div> <div style="width: 33%;"><input type="radio"/> Alarm System Company</div> <div style="width: 33%;"><input type="radio"/> Guard Company</div> <div style="width: 33%;"><input type="radio"/> Locksmith Company</div> <div style="width: 33%;"><input type="radio"/> Electronic Access Control Company</div> <div style="width: 33%;"><input type="radio"/> Investigation Company</div> <div style="width: 33%;"><input type="radio"/> Private Security Consultant Company</div> <div style="width: 33%;"><input type="radio"/> Training School</div> </div>
I hereby certify and attest I meet the required experience set forth by Title 10, Texas Occupations Code, Chapter 1702 and Title 37, Texas Administrative Code, Chapter 35. (§1702.114, §1702.115, §35.121, §35.122 and or §35.123). In addition, I verify the information provided is true and correct. I understand this is an official government record and any false statement made on this document provided to DPS may result in criminal prosecution.
Manager / Supervisor Applicant Signature _____ Date _____
Manager / Supervisor Applicant Printed Name _____

BACKGROUND INFORMATION			
1. Have you ever been convicted, in any jurisdiction, of a felony level offense?	Yes <input type="radio"/> No <input type="radio"/>	* If yes, has it been LESS than ten (10) years since completing your sentence or probationary period?	Yes <input type="radio"/> No <input type="radio"/>
2. Have you ever been convicted, in any jurisdiction, of a Class A or equivalent misdemeanor?	Yes <input type="radio"/> No <input type="radio"/>	* If yes, has it been LESS than five (5) years since completing your sentence or probationary period?	Yes <input type="radio"/> No <input type="radio"/>
3. Have you, within the past five (5) years, been convicted, in any jurisdiction, of a Class B misdemeanor or equivalent offense?	Yes <input type="radio"/> No <input type="radio"/>		
4. Are you currently charged with, or under indictment for, a felony, or Class A misdemeanor?	Yes <input type="radio"/> No <input type="radio"/>		
5. Are you currently charged with a Class B misdemeanor?	Yes <input type="radio"/> No <input type="radio"/>		
6. Were you discharged from the military?	Yes <input type="radio"/> No <input type="radio"/>	* If yes, have you received a dishonorable discharge, a bad conduct discharge, or other than honorable discharge, from Armed Forces?	Yes <input type="radio"/> No <input type="radio"/>
7. Are you required to register as a sex offender, in Texas or any other state?	Yes <input type="radio"/> No <input type="radio"/>		
8. I understand, any pending charges or conviction referred to above require the submission of the appropriate court documentation, with this application. Failure to report an arrest or conviction, later found by a fingerprint search, may result in denial or revocation of a license based solely on the material misstatement of fact in this application.	Yes <input type="radio"/> No <input type="radio"/>		
9. I acknowledge I have reviewed the eligibility criteria of Texas Occupations Code §1702.113 and the definition of 'conviction' provided in §1702.371. In addition, I acknowledge I have reviewed the disqualifying offenses listed in Texas Administrative Code §35.4.	Yes <input type="radio"/> No <input type="radio"/>		

EMPLOYER INFORMATION	
I hereby certify that the above applicant began employment in a position that requires this registration with my company on: <div style="text-align: center; margin-top: 5px;">Applicant's Date of Employment (MM/DD/YYYY)</div>	
I am requesting that the above applicant be issued a registration with my company as my employee.	
Manager, Manager's Designee or Owner Printed Last Name	Printed First Name

I verify the information provided is true and correct, and I understand this is an official government record and that any false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Applicant Signature _____

Date _____

Manager, Manager's Designee or Owner Signature _____

Date _____

Note: Applicant is not required to submit Page 3 of this form

This form and any attachments may be forwarded electronically to:

<https://www.dps.texas.gov/rsd/contact/default.aspx>

If payment is required, this form and attachments can be forwarded by mail to:

Texas Department of Public Safety
Private Security MSC 0242
PO Box 15999
Austin, TX 78761-5999

Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious. Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>